

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-575)							SERIAL NO. <b>09765068</b>	FILING DATE			
							APPLICANT(S)				
CLAIMS							S		S		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.
NO.	DEP.	IND.	DEP.	IND.	DEP.	NO.	DEP.	IND.	DEP.		
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
10						60					
11						61					
12						62					
13						63					
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15						65					
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36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	3		4			TOTAL IND.					
TOTAL DEP.			1			TOTAL DEP.					
TOTAL CLAMS	3		5			TOTAL CLAMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS